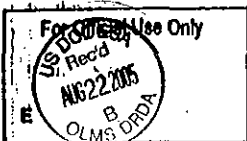


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>15081</u>	2. Fiscal Year Covered From: <u>Jan</u> / <u>1</u> / <u>2004</u> Through: <u>Dec</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROGER W. SCHOENEKASE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4326 SOUTH 24TH ST.</u> City <u>Quincy</u> State <u>ILL.</u> ZIP Code + 4 <u>62305</u>	4. Name, file number, and address of labor organization. Name <u>MID-CENTRAL ILLINOIS REGIONAL COUNCIL OF CARPENTER</u> Labor Organization File Number <u>509 324</u> P.O. Box, Building and Room Number, if any _____ Street <u>#1 KALIMA WAY</u> City <u>SPRINGFIELD</u> State <u>ILL.</u> ZIP Code + 4 <u>62702</u>
5. Position in labor organization. <u>LABOR TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>CARPENTERS WELFARE FUND OF ILLINOIS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>P.O. Box 470</u> Street <u>28 W. FIRST STREET</u> City <u>GENEVA</u> State <u>ILL.</u> ZIP Code + 4 <u>60134-0470</u>	7.a. Nature of Interest, Transaction, or Income. <u>TRUSTEE MEETINGS + CONFERENCE</u> 7.b. Amount. <u>842.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Roger W. Schoenekase</u> On <u>Aug 14, 2005</u> <u>217-222-0996</u> Date Telephone Number	



ARIEL CAPITAL MANAGEMENT, LLC  
ARIEL MUTUAL FUNDS

June 24, 2005

200 East  
Randolph Drive  
Suite 2900  
Chicago, Illinois  
60601

312.726.0140  
f312.726.7473

Mr. Michael T. Kucharski  
Administrative Manager  
Independent Employee Benefits Corporation  
28 North First Street  
P.O. Box 470  
Geneva, Illinois 60134

Dear Mike:

Per your request, below please find the breakdown in costs associated with the Carpenters' Golf Outing held on July 20, 2004 at Mill Creek Golf Club.

GOLF:

Golf (includes lunch, beverages, green fees carts, range, prizes, and tips)	\$ 182.56 per person
T-shirts	\$ 34.50 per person
Golf balls	\$ 31.09 per person

DON'T PLAY  
GOLF

\$ 34.50

DINNER:

Buffet Dinner	\$1,685.20
Service Charge	\$ 303.60
Total Dinner	\$1,988.80
Cost per person (52 attendees)	\$ 38.25

38.25  
34.50  
\$ 72.75  
TOTAL  
RS

Please feel free to contact me should you have any questions or need anything further.

Sincerely,

Peter Q. Thompson  
Executive Vice President

PART C



A

**Carpenters Welfare Fund of Illinois**  
**Labor Trustees Expense Reimbursement Recap**  
**2004 REVISED ✓**

Payee	Date	Check No.	Amount	Description
Schoenekase, Roger	1/15/2004	Net	\$932.87	Orlando conf.
Schoenekase, Roger	1/15/2004		\$847.12	Registration Orlando Conf.
Schoenekase, Roger	1/20/2004		\$7.70	Lunch Appeals Mtg.
Schoenekase, Roger	1/21/2004		\$28.08	Inglenook Lunch Trustee Mtg
Schoenekase, Roger	1/29/2004	11860	\$99.21	Trustee Mtg. Geneva
Schoenekase, Roger	7/21/2004		\$28.08	Inglenook Lunch Trustee Mtg
Schoenekase, Roger	7/22/2004	11975	\$142.53	Trustee Mtg. Geneva
Schoenekase, Roger	10/20/2004		\$28.08	Inglenook Lunch Trustee Mtg
Schoenekase, Roger	10/26/2004	12021	\$62.41	Trustee Mtg. Geneva

2,176.<sup>08</sup>  
RS

Prepared by: Baum Sigman Auerbach & Neuman, Ltd.

DATE	NAME	AMOUNT	DESCRIPTION
10/19/04	Schoenekase, Roger	25.00	MEAL

PART C

Name of Person Filing

ROGER W. SCHGENEKASE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

CARPENTERS WELFARE FUND

Trade Name, if any:

OF ILLINOIS

P.O. Box, Bldg., Room No., if any

Box 470

Street

28 N. FIRST STREET

City

GENEVA

State

ILL.

ZIP Code + 4

60134-0470

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

BAUM SIGMAN AGERBACH &amp; NEUMANN LTD.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 2200

Street

200 W. ADAMS ST.

City

CHICAGO

State

ILL.

ZIP Code + 4

60606

14.a. Nature of payment.

MEAL

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

25.00

A

**Carpenters RS Fund of Illinois  
Labor Trustees Expense Reimbursement Recap  
2004 REVISED**

Payee	Date	Check No.	Amount	Description
Schoenekase, Roger	1/15/2004	Net	\$394.12	Orlando Conference
Schoenekase, Roger	1/15/2004		\$357.88	Registration Fee Orlando Conf.
Schoenekase, Roger	1/20/2004		\$3.25	Lunch Appeals Mtg.
Schoenekase, Roger	1/21/2004		\$11.87	Inglenook Pantry Lunch Trustee Mtg
Schoenekase, Roger	1/29/2004	1558	\$9.48	Trustee Mtg. Geneva
Schoenekase, Roger	7/21/2004		\$11.87	Inglenook Pantry Lunch Trustee Mtg
Schoenekase, Roger	7/22/2004	1664	\$15.31	Trustee Mtg. Geneva
Schoenekase, Roger	10/20/2004		\$11.87	Inglenook Pantry Lunch Trustee Mtg
Schoenekase, Roger	10/26/2004	1704	\$26.36	Trustee Mtg. Geneva

842.<sup>01</sup>

RS